Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN168AGC	A. BUILDING _____ B. WING _____	01/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY HOME CARE RHL	975 CORDONE AVE RENO, NV 89502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 25375 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility from 1/21/10 to1/26/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for nine Residential Facility for nine Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of C. The following deficiencies were identified:	Y 000		
Y 181 SS=I	449.209(8) Health and Sanitation-Temperature NAC 449.209 8. The temperature of the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit.	Y 181		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 181	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 25375 Based on observations and interviews from 1/21 to 1/26/10, the facility failed to maintain the temperature between 68-82 degrees Farenheit. Findings included: Upon entry into the facility at 9:30 AM, the temperature measured 66 degrees on the thermometer in the kitchen. Four resident rooms had portable heaters providing all of the heat for the bedrooms. Residents #1, #2, #3, #5, and #6 were observed in their rooms, fully clothed, huddled under layers of blankets and comforters. When asked why the main areas were so cold, the caregiver reported the furnace/ wall heater was not working. Later, the owner stated the wall heater was a fire hazard so they did not use it. The owner reported that she provided the portable heaters to the residents instead of repairing or replacing the furnace/ wall heater. When informed of the unacceptable temperature on 1/21/10, the owner agreed to provide electric baseboard heaters in each bedroom immediately. The base board heaters were not installed until 1/26/10. The owner stated she would completely replace the furnace/ wall heater within 20 days. Severity: 3 Scope: 3	Y 181		
Y 207 SS=C	449.211(4)(b) Automatic Sprinklers-Annual Inspections NAC 449.211 4. An automatic sprinkler system that	Y 207		

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Y 207	Continued From page 2 has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC. This Regulation is not met as evidenced by: Surveyor: 25375 Based on record review on 1/21/10, the facility failed to have its automatic sprinkler system inspected annually. Severity: 1 Scope: 3	Y 207		
Y 271 SS=C	449.2175(2) Service of Food - Seating NAC 449.2175 2. Tables and chairs must be of proper height and of sufficient number to provide seating for the number of residents authorized for the facility. They must be sturdy and have easily washable surfaces. Chairs must be constructed so that they do not overturn easily. This Regulation is not met as evidenced by: Surveyor: 25375 Based on observation on 1/19/10, the facility failed to ensure that the covered seats of 8 of the 9 chairs in the dining area had seat covers were washable.	Y 271		

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Y 271	Continued From page 3 Severity: 1 Scope: 3	Y 271		
Y 357 SS=F	449.222(7) Bathrooms and Toilet Facilities NAC 449.222 7. Each resident must have his own toilet articles and must be provided with toilet paper, individual towels and wash cloths. Paper towels may be used for hand towels. The towels and wash cloths must be changed as often as is necessary to maintain cleanliness, but in no event less often than once each week. A soap dispenser may be used instead of individual bars of soap. This Regulation is not met as evidenced by: Surveyor: 25375 Based on observation and interview on 1/21/10, the facility failed to provide individual towels and wash cloths for 6 of 6 residents in 2 of 2 bathrooms. Severity: 2 Scope: 3	Y 357		
Y 436 SS=F	449.229(5)(a)-(d) Protection from Fire; Portable Heaters NAC 449.229 5. A portable heater or space heater must not be used in a residential facility unless the heater: (a) Is located 2 feet or more from any combustible material. (b) Is plugged directly into a wall socket. (c) Turns off automatically if tipped over; and	Y 436		

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Y 436	Continued From page 4 (d) Has no exposed heating elements. This Regulation is not met as evidenced by: Surveyor: 25375 Based on observations and interviews on 1/21/10, the facility failed to ensure that 4 portable heaters were not used within 2 feet of combustible material. Severity: 2 Scope: 3	Y 436		
Y 876 SS=E	449.2742(4) Medication Administration NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Surveyor: 25375 Based on record review on 1/21/10, the facility failed to ensure that an ultimate user agreement was obtained for 2 of 6 residents (Resident #1	Y 876		

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Y 876	Continued From page 5 and #5) . This was a repeat deficiency from the 1/21/09 State Licensure survey. Severity: 2 Scope: 2	Y 876		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Surveyor: 25375 Based on record review on 1/21/10, the facility failed to ensure 1 of 6 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2 did not have a 2 step TB skin test at the time of admission) which affected all residents. This was a repeat deficiency from the 1/21/09 State Licensure survey and 8/25/09 State Licensure re-survey. Severity: 2 Scope: 3	Y 936		